

## REGISTRATION FORM

Last Name:	First Name:	
Title/Job Title:		
First Nation/Organization:		
Street Address:		
City:	Postal Code:	
Phone:	Fax:	Cell:
Email:		

<b>Registration Type:</b>	Chief <input type="checkbox"/> \$0	Elder Observer <input type="checkbox"/> \$0
	Proxy Holder <input type="checkbox"/> \$0	Student Observer (ID Req'd) <input type="checkbox"/> \$0
	*Participatory Representative <input type="checkbox"/> \$0	**Observer <input type="checkbox"/> \$150

<b>Registration Type:</b>	Chief <input type="checkbox"/> \$0	Elder Observer <input type="checkbox"/> \$0
	Proxy Holder <input type="checkbox"/> \$0	Student Observer (ID Req'd) <input type="checkbox"/> \$0
	*Participatory Representative <input type="checkbox"/> \$0	**Observer <input type="checkbox"/> \$150

\* **Participatory Representative:** A person who,

- a. Holds office either, as a hereditary Chief, traditional leader of a member First Nation, Grand Chief, head of a First Nation provincial/territorial political organization or head of a tribal council and as such may speak on any Agenda item; or
- b. Is the head of a Treaty group or a First Nation organization or association with which the BC Assembly of First Nations has entered into a written protocol that allows for invitations to be extended to such persons to attend and be permitted to speak at Assemblies on specific issues, as authorized by the protocol; or
- c. Is a member of the BCAFN Board of Directors pursuant to the Society's Constitution and Bylaws and Policy and Procedures Manual; or
- d. Is a Committee Representative pursuant to the Society's Constitution and Bylaws and Policy and Procedures Manual.

\*\***Observer:** Any person other than a person registering as a Chief, Proxy Holder, Participatory Representative, may apply to register as an Observer.

**Registration Deadline: Friday, October 5, 2018.** Please forward the completed registration form to: Victoria Austin via email: [Victoria.austin@bcfn.ca](mailto:Victoria.austin@bcfn.ca)

